

P0400000 7632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

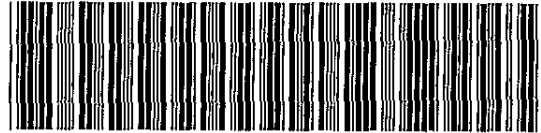
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Handwritten signature and scribbles



300025215543

12/24/03 -01045 --DUE **87.50

Handwritten: 300025215543

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 DEC 24 AM 11:48

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
03 DEC 24 AM 11:48

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Neuro Surgical

- Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- Cert. Copy _____
- _____ Photo Copy _____
- Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: _____

SW 12/24

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED
01 JAN -7 PM 2:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 29, 2003

CAPITAL CONNECTION INC.

SUBJECT: NEURO SURGICAL IMAGING OF THE TREASURE COAST, PA
Ref. Number: W03000039523

We have received your document for NEURO SURGICAL IMAGING OF THE TREASURE COAST, PA. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please complete Article(s) VII.

An effective date **may** be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 103A00068959

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

04 DEC 24 AM 11:48

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Surgical
Neuro Imaging of the Treasure Coast, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2500 Rhode Island Ave
Ft. Pierce, FL
34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To practice Medicine

for profit -> Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$30.02 a share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President Bernice ~~Burkhardt~~ Burkhardt
Vice President Robert ~~Burkhardt~~ Burkhardt
Secretary - Bernice ~~Burkhardt~~ Burkhardt
treasurer - Bernice ~~Burkhardt~~ Burkhardt

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lauri Goldstein, attorney
1330 South Federal Highway
Stuart FL 34994

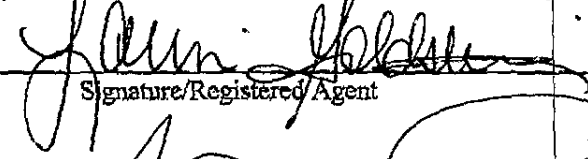
ARTICLE VII INCORPORATOR

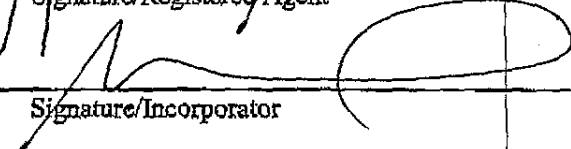
The name and address of the Incorporator is:

see above -> Bernice ~~Burkhardt~~ Burkhardt

2500 Rhode Island Av., Ft. Pierce, FL 34947

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator

Dec 18-2003

Date
12/19/03

Date